Interview with Dr. Stephen Edmondson, psychiatrist assigned to the 3rd Medical Battalion. Interviewed by Jan K. Herman, Historian, Navy Medical Department, 27 June 2005.

How is the weather in Georgia today?

A perfect day up here on the mountain. Sun is shining and birds are singing. It's a wonderful day out there. How is it there?

It's cloudy and hot and humid and miserable.

You're in Washington, right?

Typical Washington summer. I often wonder why the founding fathers couldn't have picked San Diego for the nation's capital.

It was definitely a compromise.

It was. I thought today we would talk a little bit about your Navy career. And I thought we would start at the beginning and I'd ask you where you are from originally?

I grew up here in Georgia, in the southern part of the state near a town called Valdosta, almost in Florida.

Well, not too far. I was born in Tallahassee.

Well, you were only about 35 miles at most from where I was born and reared.

Of course, I had two Yankee parents and they kidnapped me and made me grow up in New York. But I started off on the right foot. Did you go to school in Valdosta also?

Went to school in a little town near Valdosta, then went off to Georgia Tech for college and shifted after 1 year to the University of Georgia in Athens to do my pre-med studies.

Did you decide early on that you wanted to be a physician or was that something that came later on?

Well, early on I had entertained that, and being an engineer. And because of the very long period of study for medicine, decided to try the engineering bit. But it didn't take long for me to decide that wasn't quite what I wanted to do. So I shifted over to pre-med and went on with medicine.

Where did you go to medical school?

The Medical College of Georgia in Augusta near where Ft. Gordon is located.

I have a good friend who teaches there. He's a professor of surgery. He's in urology, Dr. Art Smith, who just retired from the Navy Reserve as a captain a few years ago. But he still stays very active in Navy activities.

That's interesting. We had a Dr. George Smith who was head of our neurosurgery department when I was there. He flew a lot, went about speaking and whatnot, and was killed in his private plane one day taking off from Augusta Airport.

When did you graduate from medical school?

1963.

Had you decided in medical school that you wanted to specialize in psychiatry or did that come later on?

No, I was interested in internal medicine, too. But while I was in medical school, I had a chance to do an externship with a famous doctor named Hervey Cleckley who did the book on sociopathic personalities, *The Mask of Sanity*. He and one of his associates in practice did the work on which the *Three Faces of Eve* movie was based years ago.

I remember that film.

Multiple personalities.

So he was your inspiration.

Indeed. He was a very fine physician, well-read and a gentlemen and I just enjoyed him so much. He impressed me and I went with him on rounds seeing patients and decided that that is what I wanted to specialize in.

So you graduated in 1963.

Yes.

Did you go on for further training or did you get involved with the Navy at that point?

No, I went on to my internship in Atlanta. Seeing the war situation in Vietnam beginning to heat up a little bit, I went ahead and joined the Navy as a reserve officer and was commissioned. After finishing the internship, I went to Baltimore for 1 year of psychiatry residency at the Psychiatric Institute of the University of Maryland there in Baltimore, at University Hospital.

And I was glad at that point that I had joined and that I had joined the Berry Plan because several of my fellow residents were taken out of their training right after that and inducted into some branch of the service. But I was able to continue my residency and finished it in 1967 at Emory. I went back to Emory after 1 year at the university program at Baltimore. And just after that, I went on active duty.

When did you report for active duty?

I think it was August of 1967. My wife and I were married in June and we had just a little while before I had to report to Camp Pendleton in California. I assumed I was to serve there but it didn't work out that way.

It was the Field Medical Service school, wasn't it?

Right.

And there is only one reason to send you there.

They let me know that somewhere along the line. I would be going to work with the Marines.

Vietnam was in the equation somewhere. So what do you remember about Field Medical Service school?

Well, I had been in the reserves, the Army Reserves before, while I was in college and had some military groundwork. I got along with the 3 weeks of the Field Medical Service School pretty well and really enjoyed it. We had some pretty tough talking sergeants with us who had been in Vietnam and, frankly; they got our attention. They scared the daylights out of us about a few things. It was good to have people like that because they woke us up to the fact that we were going into quite a different kind of world. But it was good 3 weeks training, I thought.

Do you remember getting over to Vietnam?

We had loafed along there at Camp Pendleton for about 7 months and I had just gotten back from UCLA where my wife was doing some library research. I got a phone call that told me I should pack up and get ready to go. So after about a month's leave, I headed west to San Francisco. When I got there, the plane I was supposed to fly over on, one of these contract outfits . . .

This was from Travis?

Yes. They could never get to fly, so for about a week, I was sitting around there at Treasure Island at officer's quarters, checking with them every day to see if that plane was ready to go yet. And I finally ran into a young fellow from Marietta, Georgia, a defense contractor who was staying at the officer's quarters for the convenience, I guess. He knew San Francisco wonderfully well so he really toured me around so it wasn't too bad waiting to go. But finally I got over to Okinawa and on into Danang on one of the military flights.

Do you remember your arrival?

Yes. It was a hot and steamy day. It was March, I think March 6th or 7th, something like that.

And that was 1968?

In 1968, yes. Tet had just been going about a month. At the naval hospital just before my duty ended there we were hearing all the lurid, excited accounts about what was going on. So I wasn't too comfortable about going into that. But I got to Danang not knowing quite what to expect and all was quiet there. We flew in an Air America DC-3 up to Phu Bai, just south of Hué, where the medical battalion was stationed at that point.

So you knew what your assignment was going to be before you left for Vietnam.

Yes.

You knew that you were going to be in the 3rd Medical Battalion.

Yes.

So you got up to Phu Bai on this Air America plane?

The airport there was right beside the battalion headquarters. There was the medical battalion hospital located right at the airport control tower. The planes would just come in with the wounded and they would take people out to Danang and other places. And so we were right there, a very convenient spot. When I got off the plane it was a clear day but it had just rained and there were puddles all around. I sought out the battalion office to get started.

Who was the skipper then?

CDR Robert Brown. He had been a Navy corpsman, then went to medical school, and was now an OB-GYN specialist, oddly. But he really was a super commander--a good surgeon and a tough man. He wanted to do a good job and wasn't at all afraid to go up the line when he needed to get what he needed for his men and take a personal risk in doing that if necessary. I really respected him a great deal. He was commander for the first few months and then we got a new fellow that I didn't think as much of.

So you are brand new now at this base. Were you the only psychiatrist on the staff?

Yes. The head psychologist, Don Platner, was in place there when I arrived and was very helpful in filling me in on all that had been going on and helping me get started. My predecessor had skipped out a week before I got there in part because he was due to go and because of that problem with the airplane at Travis that had delayed me. I walked into a situation where everyone met me with open arms because he had, frankly, in my opinion, been very sloppy and careless with his work and they were losing more personnel through his office and clinic by evacuation than by any other cause, including wounds. CDR Brown was overjoyed to find somebody who intended to do his duty as a doctor there for the military.

What was it like to practice there as a psychiatrist? What would a typical day be like and what did you find that you had to start with? You had to create this practice, essentially, from scratch, seeing what the last guy had done.

He conducted psychiatric interviews from his folding chair while he was sunbathing. That was his method of evaluating people and then he told the corpsman what to do. We had a little clinic building and a little infirmary of 10 to 12 beds. Don Platner had a little office and I had a little office in this small building. When I got there I discovered that there was almost no psychotropic medication available. There was one big bottle of 75 mg thorazine and, literally, that's all they had.

I checked around and that was all that was on the base. There was a lot of combat still going on pretty heavily around us then and we were getting mortar and rocket attacks most every night for awhile.

We were getting a lot of referrals relating to fairly extreme combat stress out and in the bush where the Marines were doing the fighting. The general medical officers would refer somebody in carrying his medical record. The person coming in might open the envelope and read what the general medical officer said about him. Maybe most of them didn't do that.

Sometimes they'd arrive having removed what the GMO had put in the record and literally had torn it up and thrown it away. So they would arrive with no information and we had to figure out what to do. I pretty quickly adopted a policy that if someone arrived without adequate medical information on the reason for the referral, he would just be put back on the truck or the plane and go back to his unit to get it. And that pretty much put a stop to this, because the referee would get in trouble for not bringing it along if he had torn up the information. And the general medical officer soon learned that he had to take the time to let us know why the guy was sent down.

We would see the individual as soon as the corpsman could do a preliminary assessment. Then I would see the individual along with Don Platner. Those he felt he couldn't make a decision on, he would discuss with me. We shared the evaluation work pretty much one-to-one

because we had a pretty good day's work most days seeing these guys. Anybody who was in really bad shape and couldn't be sent back to his unit we would keep there in a little 10- or 12-bed unit and use that bottle of thorazine.

If they were really bummed out, were psychotic, disorganized, or extremely fatigued and not able to function because of that, we simply just put them to sleep. We gave them enough of it to make them sleep for 2 or 3 days. I had instructed the corpsmen just to wake them up from time to time, help them to the latrine, get some fluids into them, and see if they could get them to eat something, and then just let them go back to sleep.

Usually after a day or two of rest, most of these fellows had drastically improved. And most of them we were able to get back to their units. Our evacuation rate just dropped like a rock. And even when the big Khe Sanh siege was still going on up to the northwest of us, we were getting most of those fellows back to duty, too.

Were you getting a lot of patients from Khe Sanh?

Not a lot of folks, considering the number of personnel at Khe Sanh. There were about 5,500 troops there--the 26th Regiment and some other units. One reason we didn't get any more patients from there is that there was great difficulty in getting out of that place. It was just socked in with mortar and rocket fire. Just to get a light plane in on that airstrip, get somebody on it, and get them out was a risk to life in itself.

So the general medical officers up there just bunkered them in and treated them on the spot and did a real good job with them. I did a little paper that we read in-country down at Cam Ranh in May of that year about these Khe Sanh evacuees that we treated, their diagnoses and what we did with them. And that was compared with December of 1967, before Tet, before the siege started, of course. Just to look at the differences in the diagnoses, mainly.

The one interesting thing we found was that we returned to duty--usually to Khe Sanh--as many of the folks we saw as they did in December of 1967 when most of the problems were just adjustment and behavioral and character disorder kinds of stuff.

What type of a screening would you have done? Let's say a patient was referred to you from his unit and came in to see you. What would be the first thing you would do to evaluate the patient?

I would read the referring information, usually in the individual's presence after I brought him in. And then I'd establish a talking rapport with him by just reviewing some of the points that the referring medical officer had made and get him talking about it. I would then ask for his input on what had been told me in the written referral. And I would just keep him talking as I would anyone back home, but with a focus, of course, on the particular complaints that he was supposed to have had.

Most of these fellows would tell me a pretty good version of what had happened. They obviously told their own story, but I think with most of them, I got a fairly accurate account that agreed pretty well with what the referral information had said. Sometimes I would hear some new stuff and certainly a lot more detailed than the referral would provide me. Only a few were pulling any kind of a con operation. I was impressed with that, with those who were sent in.

I think part of the reason was that the general medical officers did such a pretty good job in identifying those and weeding them out. I had sent them two or three informational kinds of letters spelling out that this was expected that somebody was just acting out or wanted to be shipped out of the country and go back home to his family or girlfriend or whatnot, he was not

the person who should be referred to the battalion office. So they did screen out most of these out and out manipulators, and there weren't too very many of those that I ran into.

So after I had talked this over with the individual, I would tell him what I thought and whether or not he needed to get himself ready to go back. And usually somewhere in the course of the interview, I would tell him, "Now listen. After we talk, if I don't see any problem severe enough for you to stay here for awhile or to be evacuated, you're going to have to go back to your unit." This was particularly tough with some of the young man coming out of Khe Sanh. But most of them accepted it quite well. And most of them did go back.

I had the pleasure later on of seeing a number of them again when they would come through for some other medical problems or if they were wounded after combat, who would tell me that they were glad that I sent them back. They were proud of themselves for having gone on back. Those who could go, I would send back with an assessment of what I'd found and recommendations. Usually we did not even think about sending anybody back on medication.

Anybody who really needed medication for a little while, we would keep for a few days. But usually it was management advice and with a pretty clear invitation that if things turned sour, send the individual back and we would re-evaluate him. Those who did have to stay there, we would write whatever orders were needed to rest, no duty or light duty, the thorazine treatment, or whatever might be needed.

As soon as these young fellows were able to get up on their feet and do something, we had a number of little chores around the medical battalion we would assign them to keep them in harness and to just kind of rebuild their function and let us observe how well they were functioning. And the corpsmen would keep an eye on this and go and check on how they were doing and so on.

As I said, most of them got on back to their units after a few days. Those we had to evacuate out were clearly dangerous. We would ship down to Danang pretty quickly those who might have been trying to kill other people or themselves.

Were there a large number of these kinds of people or were they in the minority?

There were very few really dangerous cases. There was one that I will tell you about. In the interest of trying to help the young man with his very strong motivation to continue to be a Marine, I made a big mistake. He was a young fellow, fairly slim, and seeming mature. He was from a New England family with a very strong military focus. He wanted to prove to them that he could be a good Marine.

He had really gotten a bit disorganized in his unit that had been under a lot of heavy combat and he just got to the point where he was not functioning right. He wasn't making good decisions and carrying out orders very well. Not because he wasn't trying, but he just had deteriorated that much. And we kept him there for a little while and I talked to him and he was just so focused on wanting to go back and to prove himself. And he did get a lot better. He was functioning okay on the little assignments that we gave him there.

I think we kept him about 2 weeks and then sent him on back. A few weeks later, something really dramatic and terrible happened. In the middle of the night, he went into what looked like a fugue state.

What kind of state?

A fugue state or disassociated state of some sort, in which he really thought something was happening that wasn't happening. He grabbed a machine gun and began to fire in every

direction, right over the camp and out into the wilds and whatnot. It took his sergeant and others several hours to talk him down to the point that they could distract him enough that somebody could move in on him and take that machine gun away from him.

Nobody was hurt, but they certainly could have been. I didn't anticipate this happening, frankly. And I doubt that most people would have. But I think in the interest of trying to support his strong motivation, I made a mistake there. I might have sent him on away the first time around. But he did bounce back the first time pretty well and that had happened many times before and nothing like this had occurred. He was just so conflicted, I think. He really wanted to serve, but he really had a problem with the violence of combat. He was sort of a gentle kid. And that was a hair-raising outcome, in that one case.

Did you have any other patients that stand out in your mind as trying your education and your gifts as a physician?

I had another one that always comes back to mind when I think about interesting cases over there. His was, again, a question of what to do with him. He was a kid from one of the mountain states who wore glasses and he was with one of the units that was just going through an awful lot of stuff up near the DMZ and they lost a lot of wounded and killed. Yet he wanted to stay with them.

Well, unfortunately somewhere along the way he lost his glasses. And out there, they couldn't get another pair for him. They couldn't even get through to get some of their supplies, many times. So his friends just looked after him until things cleared up a little bit. They literally would just tell him what direction to shoot in. They finally got him in and, interestingly, sent him to me because by that time he just had classic battle fatigue. I talked to him awhile and found out the story and he, too, just wanted to serve. He just begged to go back to his unit.

And I said that this will never do. "You've been through this once and you've become a hazard to your unit. You can't see what you're doing, and this could happen again at any time if glasses get broken or lost."

While he was there with us, he demonstrated a remarkable artistic talent. He just drew all the time and had just tremendous ability. So I thought of asking the division office if they could use somebody in their operations there doing their publications and so on. And I took this kid over and they put him to work. He stayed and finished his tour doing that.

Doing artistic work?

And helping with the publications. He was good with that kind of thing.

I'm assuming that he got another pair of glasses by then.

Oh yes, he was able to get those fixed up after he got in there. We got him a pair of glasses by the time he was ready to go to work. But he really wanted to serve.

Well, being in a war situation with so much activity going on in I Corps where you were, was there a typical set of, let's say, symptoms that you looked for in these patients?

Well, I certainly wanted to watch out for psychotic symptoms, since they were inconsistent with functioning even back in a quiet situation. Though we were sure that the occasional person was what you might call a functioning psychotic. He wouldn't even succeed in a civilian situation but the violence of war--he might actually take to that. With most people

you wanted to make sure they were able to think straight, cooperate with other people, carry out orders, and tolerate that real high degree of stress that combat situations included.

So determining psychosis or not based on the usual facts that you looked for, some of which I just mentioned: Looking for evidence of schizophrenia and any other kind of psychotic state was the first thing. Another syndrome we would look for was depression so severe that the person was not able to concentrate on his work and might either make a mistake and get himself or other people killed or might become so depressed that he would try to kill himself because there were plenty of weapons there to do that with, and plenty of opportunities to get himself killed indirectly through putting himself in the line of fire or something.

And we did find a number of men who had seen so much death and loss among their comrades or had been out in the field so long that they were just totally burned out. It was the kind of depression that was not going to improve any time soon, including some pretty high ranking officers. We had one lieutenant colonel in charge of one of the battalions who had been out in the field so long that he came in and he had just stuck it out out there, had dealt with so much that he could not function anymore. We had to send him out.

So those were two very critical areas. Anxiety was something that was present in most everybody to one degree or another. And only if it led to just virtual paralysis in certain situations was it a danger, which would endanger the person or others would we keep the person or send them out, evacuate out on that basis. We had one very interesting, fine young man from New Orleans who was a corpsman at Khe Sanh who had an interesting thing happen to him.

He was rushing out to get some wounded folks on one of those little Caribou planes that touched down and kept rolling. They would never stop rolling to keep the NVA mortar people from focusing on them. He had run out there, shoved his case into the plane, and started back when a mortar landed about a foot and a half in front of him. It did not explode and he was totally frozen. Of course, he expected at any minute that it would explode and he would be killed.

His fellow corpsmen saw what happened and they just grabbed him and threw him on board the next little plane that came rolling along. He came out to us just to get out of harm's way first and then to be evaluated. He was pretty shaken, but all right. But he literally just froze in place there and could not move out of fear of what was about to happen to him.

That would put the fear of the Lord into anybody.

Oh, yes.

Pretty much. Of course later on when they finally came up with the diagnosis of PTSD, it added a new dimension to your practice. Did you see that? You must have seen a lot of that while you were there and just didn't have a name for it.

Well, we saw the acute version of it, to be sure. It was common as dirt, actually. But the troops, most of them, had to carry on. If they could seal it over enough to go on back and continue functioning, they had to. If every one of them who had had enough traumatic stress to have experienced the typical acute disorder had been sent out, we would not have had an army over there. It was just part of the price of doing business in a war.

And of course, many of them did swallow hard and shut it out and go back to duty and that's one reason they got back home. The chronic stuff would begin to emerge later on. They never had a chance to work on it and work through. And they would have this horrible wringing out condition hitting them over and over and over again for years and years. In my practice in

Atlanta when I got back, I saw a lot of these fellows because some of the other psychiatrists knew that I had been there in a combat situation and they would refer them to me.

It was really a sad thing to see because a lot of them were just truly disabled by it. But we didn't have the technical or the diagnostic concept of it at that time. It was just lumped in under acute stress reaction or combat reaction or something like that.

The names have changed over the years, depending on the era you're talking about. In the Civil War it was "melancholy" and a few other things. And then it was shell-shock in World War I and combat fatigue in World War II. It was the same in Korea. And then did you have a name for it in Vietnam?

They encouraged us to continue to use the term "combat fatigue" or "combat stress syndrome" for this particular kind of thing. We had a directive going not long before I went over there spelling this out to not label it yet as some sort of anxiety disorder or anything like that because they didn't have the PDSD name for it at that point. So that's usually what I called it, an acute situation reaction. Certainly that was the situation in the case of the young corpsman at Khe Sanh that I told you about where his life was threatened severely. And adding to that was the fact that he had already seen numerous wounds and people dying.

I guess even today there is a term they use in the modern military that many of these cases that are seen or were seen could be . . . I don't want to use the word "cured" because that's probably not the right word. . . could be ameliorated with what they popularly call three hots and a cot. You give guys some rest back from the front and give them some good food and let them rest and they are in pretty good shape. Was that pretty standard?

A lot of that in our little 10- or 12-bed unit was the focus with the fairly heavy use of that bottle of thorazine. We were able to get some more medication from the hospital ship. I did two little tours out there.

What did you have besides thorazine did you say?

Mellaril was one of the medications that we were able to obtain and I think we got some vistaril for acute anxiety and to help sleep and not too much more. We didn't typically put people on anti-depressants because we weren't going to be sending them back on those medications. We sent them forward to another hospital and they would make that decision. But we never did have very many medications.

I was just looking here at a list of those available at that time. None of the newer depression medications were even available to us. Some of the old tricyclics had been developed by that time. We just didn't use those much. But using that medication to help the individual get that rest that he needed, because some of them got to the point where they could not sleep at all. They just were up and down and agitated. The rest, aided by the medication, and the food the corpsmen gave them, and support in a safe place--a relatively quiet place--got most of them turned around pretty quickly.

You mentioned going to the hospital ship. Did you go out there very often?

No. Usually we would send the corpsman out with somebody who needed to be evacuated on helicopter and he would make his rounds scrounging whatever he could get from the other corpsmen in the psychiatry section there. Jim Sears was on the *Repose* as a psychiatrist

and I got to know him well. I spent a week's duty on the *Repose* and another week on the *Sanctuary* as they cruised up and down the China Sea.

So you say Sears was on the *Repose*?
Yes.

I knew him when he was still on active duty. He was here. He was at the Bureau.
He kept in touch with a cousin of mine. Both of them became admirals. And he and I wrote back and forth a time or two several years ago. So was glad to hear from him again.

He just retired again. I guess he was living in San Diego and he has a place in upstate New York. And I think he may have retired to New York.
I would certainly like to be in touch with him again. I lost track.

I can do that for you.
I would like to.

I will get you his information and make sure you get that so that you can get back in touch with him.
I would like that very much.

So how long did you spend there? Now you were at Third Medical Battalion -- was that Charlie Med?
No, Charlie Med was just one of our medical companies. We had four medical companies in the field with stations. One was at Khe Sanh, one at Dong Ha, and two other locations. One of them I think, was actually at the base there. We moved from Phu Bai to Quang Tri camp in May and June of '68. I spent most of my time at Quang Tri Base just outside the little provincial capital of Quang Tri City.
This was about, I guess, 10 or 12 miles from the DMZ and Dong Ha was just up the road from us about 6 miles. I got up there a few times to see folks and always got out of there by about 3:00 in the afternoon because the Vietnamese across the border would start using their big guns to shell the place. I got up in the mountains once to a place called Cam Lo where they were located after they broke up at Khe Sanh and moved out of there.
But except for some local ranging around just to see what as going on for myself, I was pretty much there at the base. There was always quite a bit to do and I was by myself until about 5 months before I left, they brought in a fellow, another psychiatrist named Carl Renfrow, who is now deceased, to work with me. And that helped quite a bit.
We had about 40,000 Marines in the reinforced division and some Navy units and any spill-over from Army operations over in the mountains and in the valley east of us. And also an occasional Air Force person that we would see. So it was good to have that second psychiatrist. I was able to take an R&R with him there.

So until this fellow Renfrow showed, you and the psychologist were really it.
Exactly.

Was that for the whole area of I Corps?

No, for the 3rd Marine Division.

I mean the 3rd Division.

The 1st Division had their operations south of us in the southern end of I Corps. But we were it for the 3rd Marine Division and all of its outliers.

You must have felt pretty overwhelmed sometimes.

Well, I did in a way. But frankly, I think I fit into the situation well. I had a respect for the military. My family is not a military family, but we had always done our duty when the time came. I went over there intending to do my best and not try to be an anti-war saboteur of any kind. Most of the people I worked with were highly motivated and it was not all that hard to do your duty with a bunch of people who were trying to do theirs.

We got the work done. We stayed at it. In a way, staying busy with work was good because there wasn't much else to do there except hang around our shack and talk to each other at the officer's club in the evening. But that was very good and I really enjoyed the conversation exchange with the other officers--the young Marine officers we knew as much as the medical officers. So the work went all right. I tolerated it well.

Having just married, it was kind of hard to be away from my wife. It was hard for everybody to be away from their wives or girlfriends. But my wife had gone back to New England to graduate school, which she had interrupted to be married.

When did you return from Vietnam.

Very late February of 1969. By that time, everything was in pretty good shape. We had done a lot of military work around the countryside and it was fairly secure. We were almost never getting any attack on the Quang Tri camp, and the whole country was pretty good. The one thing that was really worrisome was that drug use among the troops was really beginning to show its head, even among the Marines.

One thing a young medical officer and I did was to conduct a kind of unscientific, but I think worthwhile, survey of our impressions of the extent of drug abuse among the Marines we were seeing. We carried it to the division surgeon and he took it to the general. At that time, most people didn't want to much believe that it was going on to this extent. But even while I was there, they caught one drug dealing operation going on, which involved the laundry on the base camp. The troops would send their dirty laundry in there to be laundered and then shipped back out to their units when things permitted that. And some of these smart young guys running the laundry had worked it out that if you just send in your money and the request for what drug you wanted, usually marijuana, they would pack it back up in the middle of the clean laundry and send it back. It was quite a nice little operation until it got broken up.

So the drug of choice was marijuana at that time.

Yes.

Did you see a point while you were there on your assignment where there was a demarcation line where you didn't see any, and then suddenly there was this huge manifestation of drug use?

No, I think it was just a gradual development. Some other people had looked into the incidence of this, too, in other units. About Army units, a year before, somebody had published

something about Army units to the effect that about a third of the people brought in randomly to Medical, about a third of them were admitting use of marijuana. They didn't rely on their psychiatric referrals but those who came in for wounds and infections. They thought this was a much better pool of people to look at. And about a third of them were admitting use of marijuana.

Did it have any correlation to what was going on back at home with the anti-war movement? Or was it something that just developed as a result of the stresses of combat where they were?

Some of it, I feel sure, had to do with combat. But a good number of these kids had used marijuana before they came over there. It was available over there for practically nothing. A carton of cigarettes could buy a huge supply of it from the locals. And they just used it recreationally as a way to kind of zone out their anxiety about the situation and avoid dealing with the same kind of feelings that everybody else had to deal with.

I don't think Vietnam, among the Marines who I talked to about it, induced most of them to start using it. It seemed to be social background. This other study found that nearly all the people who came from well disciplined families, intact families, working families, including Black personnel in the Marines and the Army, used these drugs very little. Those who came from an upper socio-economic status with a permissive attitude about this and the other things back home were the ones who got into it pretty big time over there.

Was your departure from Vietnam a memorable departure?

It was. Everybody has to worry about the short time and something happening to mess things up. But everything went smoothly. My only concern there towards the last was whether I was going to be assigned back near my wife, which I had asked for. And the command kept playing a delaying game with me on that. I really thought that I had gone over without any problem, I had done my duty, and I should be able to ask for an assignment back home that was okay. And this was usually done.

But they needed somebody down at one of the naval installations in Connecticut, I think, tried to talk me into going there. I got a little angry about that. I had written to my father-in-law that I was being yanked around about this a little bit. I didn't ask him for anything and really didn't expect what he did. He was a very good friend and long-time supporter of Senator Richard Russell, who as Chairman of the Armed Services Committee at that time.

He just wrote to him and told him the situation. And again, he didn't ask for anything. He just told him that I had served. He thought and I thought that I ought to be given the place I had asked to go. And even before I heard back from my father-in-law, I got an urgent call that I wasn't to worry; my assignment was okay. Well, I don't regret at all saying something about that.

Where did the phone call come from?

Somebody further up the line and I forget who it was now exactly. But somebody with the Bureau and I'm not sure just who that was.

So the Senator's office must have called the Bureau.

They did.

And they said to stop messing around with this guy.

So I did get back to Chelsea Naval Hospital.

So Chelsea is where you went?

Yes, there on the edge of Boston. And I went on out through Japan with a friend of mine and I stayed a week over there. I hadn't used all my R&R time. I enjoyed that week in Japan seeing some things that I always wanted to see and remember fondly.

I got back home through a huge developing snow storm in New England and couldn't land there, so I got off the plane at Patterson Air Force Base and took an 8-hour bus trip up through the heavy snows to Boston. And I arrived in about waist-deep snow in Boston. But boy, was I glad to be there.

I bet. So you were there at Chelsea, and that was your last assignment in the Navy?

Yes, I was at Chelsea for about 5 months and I enjoyed that work. I was surprised to have a Bronze Star sent to me while I was there. That ended my active duty.

I did a lot for that command. So I came back to Atlanta then and started private practice.

And how long -- are you still in practice there in Atlanta?

I have almost quit. I am doing one day a week at a probation detention camp near here in the prison system. Along the way, after about 25 years in Atlanta, I left private practice and took a contract as a civilian psychiatrist at Ft. Benning at their Army hospital. I moved down to Columbus and worked at that for several years, and then I worked for the state hospital system for 4 years. I moved on up here 2 years ago and worked about three-quarters time at the prison system and cut back a few months ago to just 1 day a week, which is great.

Well, it has been 35 years since you were in Vietnam. Do you think about it much anymore?

I don't day to day. But we have had a reunion of our medical battalion several times. The last was early last year in San Diego and we had a great time again.

I think that's where I met you, at San Diego.

That's right, you were there. And I kept in touch with a number of my friends from the Navy. I had a wonderful experience of helping to re-settle a number of refugees in 1975 after Saigon was captured. I've kept up with those good folks. I've really come to appreciate the Vietnamese refugees that came over here. They are first-class people and have done a good job out there in California. Most of the folks I knew settled out there eventually in Orange County where there is such a big settlement of Vietnamese.

I want to thank you so much for spending time with me this morning, Dr. Edmondson. It's been a real pleasure. I will find Dr. Sears for you and I'll include his address or phone number, whatever I can find and you'll be able to get back in touch with him.

If I find I have a box full of stuff I've held from that time, anything here that might help provide a little background to what I've said, would it be of any value to you?

Certainly and photographs in particular of your facility over there, or anything that you think might be of value. Yes, absolutely. It would be great if we could have some copies of those.

I'll get some of those ready for you.

That would be wonderful. Again, thanks so much for spending time with me this morning, and I hope to talk to you again soon.

I enjoyed it, and hope I wasn't too long-winded.

Not at all. Thanks so much.

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